

**PATENT APPLICATION FEE DETERMINATION RECORD**

Effective October 1, 2003

Application or Docket Number

10811447

**CLAIMS AS FILED - PART I**

(Column 1) (Column 2)

TOTAL CLAIMS	20	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	20 minus 20 =	0
INDEPENDENT CLAIMS	2 minus 3 =	1
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

\* If the difference in column 1 is less than zero, enter "0" in column 2

**4/21/05 CLAIMS AS AMENDED - PART II**

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	76	Minus	-- 20 =
Independent	2	Minus	-- 3 =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

SMALL ENTITY  
TYPE  OTHER THAN  
OR, SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	385.00	OR BASIC FEE	770.00
XS 9=	<input type="checkbox"/>	OR XS18=	<input type="checkbox"/>
X43=	<input type="checkbox"/>	X86=	<input type="checkbox"/>
+145=	<input type="checkbox"/>	+290=	<input type="checkbox"/>
TOTAL	385	OR TOTAL	<input type="checkbox"/>

SMALL ENTITY OR OTHER THAN  
OR, SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
XS 9=	<input type="checkbox"/>	OR XS18=	<input type="checkbox"/>
X43=	<input type="checkbox"/>	X86=	<input type="checkbox"/>
+145=	<input type="checkbox"/>	+290=	<input type="checkbox"/>
TOTAL ADDT. FEE	<input type="checkbox"/>	TOTAL ADDT. FEE	<input type="checkbox"/>

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	76	Minus	-- 20 =
Independent	2	Minus	-- 3 =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
XS 9=	<input type="checkbox"/>	OR XS18=	<input type="checkbox"/>
X43=	<input type="checkbox"/>	X86=	<input type="checkbox"/>
+145=	<input type="checkbox"/>	+290=	<input type="checkbox"/>
TOTAL ADDT. FEE	<input type="checkbox"/>	TOTAL ADDT. FEE	<input type="checkbox"/>

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	76	Minus	-- 20 =
Independent	2	Minus	-- 3 =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
XS 9=	<input type="checkbox"/>	OR XS18=	<input type="checkbox"/>
X43=	<input type="checkbox"/>	X86=	<input type="checkbox"/>
+145=	<input type="checkbox"/>	+290=	<input type="checkbox"/>
TOTAL ADDT. FEE	<input type="checkbox"/>	TOTAL ADDT. FEE	<input type="checkbox"/>

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.